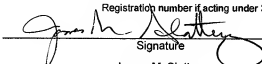


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 5288-0102PUS1	
Application Number 10/562,639-Conf. #8755		Filed May 16, 2006	
For <b>COMPOSITION AND METHOD FOR THE TREATMENT OF WATER RELATED EAR DISORDERS</b>			
Art Unit 1616		Examiner L. E. Karpinski	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$130	<u>Small Entity Fee</u> \$65
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245
<small>Enclosed is for the 3<sup>rd</sup> month only. 1<sup>st</sup> and 2<sup>nd</sup> month extension fees were paid June 17, 2009.</small>			
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .			
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,380</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
<small>Registration number if acting under 37 CFR 1.34</small>			
 Signature <u>James M. Slattery</u> Typed or printed name		<u>July 24, 2009</u> Date <u>(703) 205-8015</u> Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			